

MERCHANT MARINE PERSONNEL PHYSICAL EXAMINATION REPORT

PRIVACY ACT STATEMENT

As required by 5 USC 552a(e)(3), the following information is provided when supplying personal information to the U. S. Coast Guard.

- Authority for solicitation of the information: 46 USC 2104(a), 7101(c)-(e), 7306(a)(4), 7313(c)(3) 7317(a), 8703(b), 9102(a)(5), (See 46 CFR subparts and paragraphs 10.205(d), 10.207(e), 10.209(d), 12.05-5. 12.20-3)
- Principal purposes for which the information is used:
 - To determine if an applicant is physically capable of performing shipboard duties.
 - To ensure that the applicant's physical is conducted by a duly licensed physician/physican's assistant and to verify the information as needed.
- The routine uses which may be made of this information:
 - This form becomes part of the applicant's file as documentary evidence that the regulatory physical requirement has been satisfied and the applicant is physically competent to hold a merchant marine license or document.
 - This information becomes put of the total license or document file and is subject to review by federal agency casualty investigators.
- Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a license or merchant mariner's document.

INSTRUCTIONS FOR THE PHYSICIAN

The United States Code requires a physical examination to determine that all holders of Coast Guard issued Licenses and Merchant Mariner's Documents are of sound health with no physical limitations that would hinder or prevent performance of duties. In general, all mariners must be capable of working in cramped spaces on rolling vessels. They must be able to climb steep stairs or vertical ladders. In an emergency such as a vessel fire or flooding, the mariner must be able to fully participate in the firefighting and lifesaving of passengers and crewmembers. In addition, mariners must be physically able to stand an alert 4 to 8 hour watch. To do this, they must be free from any sudden onset of a medical condition which would affect their watchkeeping abilities.

Detailed guidelines on potentially disqualifying medical conditions may be obtained from any U. S. Coast Guard Regional Examination Center (NVIC 6-89) or by calling Coast Guard Headquarters (G-MOC-1), at 202-267-0475. Examples of impairment that could lead to disqualification include: impaired vision, color vision or hearing; poorly controlled diabetes; multiple or recent myocardial infarctions; psychiatric disorders; and convulsive disorders. In short, any condition that poses an inordinate risk of sudden incapacitation or debilitating complication, and any condition requiring medication that impairs judgment or reaction time are potentially disqualifying and will require a detailed evaluation.

The Coast Guard will use this physical evaluation to determine the applicants eligibility to hold a license or document.

1. Name (Last, First, MI)				2. Social Security Number	
3. Height (inches)	4. Weight (pounds)	5. Eye Color	6. Hair Color	7. Distinguishing Marks	
8. Blood Pressure Systolic Diastolic		9. Pulse (resting) _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular			
10a Vision: Uncorr. Right 20/ Corr. to 20/ Uncorr. Left 20/ Corr. to 20/		10b. Field of Vision: _____ Degrees <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			
11. Color Vision <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal * Color sense must be tested by one of the following. * Color sensing lenses are prohibited.					
Pseudoisochromatic plates		Eldridge - Green Perception Lantern		SAMCTT - School of Aviation Medicine	
Divorine 2nd Edition		ARC		Farnsworth Lantern	
AOC Revised Edition		AOC-HRR		Keystone Orthoscope	
Ishihara 16-, 24-, 38- Plate Ed		Keystone Telebinocular		Williams Lantern	
12. Hearing <input type="checkbox"/> Normal <input type="checkbox"/> Impaired					
An audiometer and speech discrimination tests are only required if the applicant has, or is suspected to have Impaired hearing.					
Audiometer (Threshold Values)	500 (Hz)	1000 (Hz)	2000 (Hz)	3000 (Hz)	Functional Speech Discrimination Test at 55 db Left Ear _____% Right Ear _____%
Right Ear					
Left Ear					
Right Ear - aided					
Left Ear - aided					
External Auditory Canal <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal					
13. Indications of current or past Drug/Alcohol Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No if yes explain in Block 16					

The Coast Guard estimates that the average burden for this is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestion for reducing the burden to: Commandant (G-MOC-1), U. S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Office of information and Regulatory Affairs, Attention: Desk Officer for DOT/USCG, Old Executive Office Building, Washington, DC 20593

14. Doctor's assessment - Does the applicant have or has he/she ever suffered from any of the following? *If yes explain in Block 16.								
Yes	No		Yes	No		Yes	No	
		Deteriorating eye disease			Severe digestive disorder			Periods of unconsciousness
		Severe speech impediment			Chronic renal failure			Sleepwalking
		Diabetes			Communicable disease			Recent or repetitive surgery
		Thyroid disfunction			Asthma or lung disease			Amputations
		Epilepsy, seizures, paralysis			Psychiatric disorder			Impaired range of motion
		Heart or vascular disease			Depression			Impaired balance or coordination
		Heart surgery			Attempted suicide			Other illness or disability
		Blood disorder			Loss of memory			
		High blood pressure			Dizziness or tainting			

15. Medications taken: include dosage, purpose, and side effects.

No prescription medications ☐

16. Comments on Findings:

No Significant Medical History ☐

Considering the findings in this examination, and noting the duties to be performed by the applicant aboard a merchant vessel of the United States of America, I consider the applicant

☐ competent

☐ needs further evaluation

☐ not competent

Printed/Typed Name of Physician/Physician's Assistant/Nurse Practitioner

OFFICE ADDRESS (ZIP CODE)

State License Number

Telephone

Physician/Physician's Assistant /Nurse Practitioner Signature

Date

I certify that all information provided by me is complete and true to the best of my knowledge.

Signature of Applicant

Date

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